COMMONWEALTH OF VIRGINIA DECLARATION OF CANDIDACY RESIDENT ADDRESS of the city/county/town of hereby declare myself to be a candidate for the office of in the District in the election to be held on [CHECK ONE SQUARE BELOW] ☑ General Special Democratic Primary ☐ Republican Primary If I am a candidate in a primary and am defeated in the primary, my name is not to be printed on the ballots to be used in the succeeding general election for the same office Given under my hand this 24 day of SIGNATURE OF CANDIDATE (AREA CODE) HOME TELEPHONE PRINTED NAME OF CANDIDATE (AREA CODE) BUSINESS TELEPHONE MAILING ADDRESS CITY/TOWN/STATE/ZIP+ 4 THIS DECLARATION MUST BE ACKNOWLEDGED BEFORE A NOTARY OR OTHER OFFICER AUTHORIZED TO TAKE ACKNOWLEDGEMENTS WITNESSED BEFORE TWO PERSONS REGISTERED AND QUALIFIED TO VOTE IN THE ELECTION DISTRICT IN WHICH THE CANDIDATE OFFERS FOR OFFICE. To be completed by witnesses OR notary ____ County/City of Lynch buig The foregoing instrument was subscribed and sworn before me this 24 day of February WITNESSED: SIGNATURE OF QUALIFIED VOTER SIGNATURE OF QUALIFIED VOTER PRINT FULL NAME PRINT FULL NAME RESIDENT ADDRESS RESIDENT ADDRESS CITY/TOWN CITY/TOWN

DIAN SEAL/STANDIARY PUBLIC
REGISTRATION # 7542722
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2017

Marie Suthing

7542722

January 31 2017

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAIN ALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETIN WHICH DETAILS QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE STATE BOARD OF ELECTIONS AT:

OR